

## Facility Licensing Compliance Agreement

Name of Facility:			Issuance date: <input type="checkbox"/> I would like to request translation/interpretation services.		Licensor:		Intake I.D.		
Director or Licensee:					Address:				
Facility Address:					City:		Zip	Phone:	
City:	Zip	Phone:			Provider Action ID:		Inspection Type		

WAC/RCW	Noncompliance Description/Summary	Plan of Correction/Action	Complete by:	Date Completed:

- ☐ I agree to correct the issues of noncompliance cited above by the dates indicated. I further agree to send written notification to the DEL licensor or health specialist, no later than \_\_\_\_\_, documenting compliance.
- ☐ I understand that if I do not complete the plan of correction by the agreed-upon date, DEL may fine me a maximum civil penalty of \$75 (family homes) or \$250 (child care centers) per day per item of noncompliance. I understand that I may call the licensor or health specialist to request an extension, for good cause, if I am unable to complete the plan of correction by the agreed-upon date. I understand that DEL may also take other licensing action for failure to meet licensing requirements. RCW 43.215.
- ☐ I request a supervisory review regarding one or more of the items above. FLCA Supervisory Review Request must be completed and attached. I understand that I may call the licensor or health specialist for technical assistance to achieve compliance.

Return this to your licensor within five business days.

Provider/Director Signature	Date	<input type="checkbox"/> Licensor/Health Specialist Signature	Date
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☐ DISTRIBUTION: White - Licensing File      Yellow - Applicant/Licensee      Pink - Return to Licensor



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Provider/Director Initial:	Date:	Licensors/Health Specialist Initial:	Date:
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